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(ADDITIONAL COUNSEL ON NEXT PAGE)

Attorneys for Plaintiffs

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA – WESTERN DIVISION

Carl Mitchell, et al.,
Plaintiff(s),
vs.
City of Los Angeles, et. al.
Defendant(s). } Hon. S. James Otero
Courtroom 1
}
STATEMENT OF FACT OF DEATH;
DECLARATION OF SHAYLA
MYERS; EXHIBIT

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1 Pursuant to Rule 25(a)(1), Plaintiffs note upon the record the death of
2 Plaintiff Michael Escobedo during the pendency of this action. Attached hereto is
3 a copy of the death certificate of Mr. Escobedo, who died on October 22, 2018.

4

5 Dated: April 25, 2019

6 Legal Aid Foundation of Los Angeles
7 Law Office of Carol A. Sobel
8 Schonbrun Seplow Harris & Hoffman, LLP

9 By: /s/ Shayla R. Myers

10 Shayla R. Myers
11 Attorneys for Plaintiffs

Declaration of Shayla Myers

I, SHAYLA MYERS, declare as follows:

1. I am an attorney, admitted to practice before this court. I am an attorney of record for the Plaintiffs in the foregoing matter. I have personal knowledge of the facts set forth in this Declaration and if called as a witness, could and would testify competently as to the facts below.

2. Attached to this declaration is a true and correct copy of the death certificate for Plaintiff Michael Escobedo, showing his death on October 22, 2018. The death certificate has been redacted to exclude the month and day of Mr. Escobedo's birth, as required by Rule 5.2 of the Federal Rules of Civil Procedure.

3. The Death Certificate was provided by the County of Los Angeles Department of Public Health. The original, certified copy of the death certificate is maintained by the Legal Aid Foundation of Los Angeles in its office.

I declare under penalty of perjury, pursuant to the laws of the United States and the State of California, that the foregoing is true and correct.

Executed this 25 day of April, 2019 at Los Angeles, California

Shayla Myers, Declarant

CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC HEALTH

3052018236135

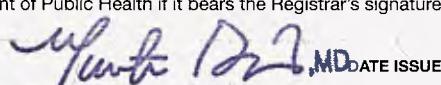
CERTIFICATE OF DEATH

3201819052770

STATE FILE NUMBER		USE BLACK INK ONLY NO PAGES, WHITEOUTS OR ALTERATIONS '5-1 APR-3-05'		LOCAL REGISTRATION NUMBER							
DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT - FIRST (Given) MICHAEL		2. MIDDLE =		3. LAST (Family) ESCOBEDO						
	AKA: ALSO KNOWN AS - Include full AKA (First, Middle, Last)		4. DATE OF BIRTH (mm/dd/yyyy) 1958		5. AGE Yrs. 60		6. SEX M				
	6. BIRTH STATE/FOREIGN COUNTRY UNK		10. SOCIAL SECURITY NUMBER UNK		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/PSP (or Civil Status) NEVER MARRIED				
	13. EDUCATION - Highest Level/Degree UNKNOWN		14/15. WAS DECEDENT HISPANIC/LATINO/A/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES UNK		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) WHITE		7. DATE OF DEATH (mm/dd/yyyy) 10/22/2018				
	17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNK		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNK		19. YEARS IN OCCUPATION UNK						
	20. DECEDENT'S RESIDENCE (Street and number, or location) 4853 W. WASHINGTON BLVD		21. CITY LOS ANGELES		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90016		24. YEARS IN COUNTY UNK		
	25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP ELANA JACKSON, DPA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 320 W. TEMPLE ST, LOS ANGELES, CA 90012						
	28. NAME OF SURVIVING SPOUSE/SPCP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -		31. MIDDLE -		32. LAST UNK		
	33. NAME OF FATHER/PARENT-FIRST UNK		34. MIDDLE UNK		35. LAST (BIRTH NAME) UNK		36. MIDDLE UNK		37. LAST (BIRTH NAME) UNK		
38. BIRTH STATE UNK		39. BIRTH STATE UNK		40. PLACE OF FINAL DISPOSITION LA CO CREMATORIAL CEMETERY 3301 E. FIRST ST, LOS ANGELES, CA 90063		41. TYPE OF DISPOSITION(S) CR/BU		42. SIGNATURE OF FUNERAL DIRECTOR ► NOT EMBALMED			
43. LICENSE NUMBER None		44. SIGNATURE OF LOCAL PHYSICIAN ► MUNTU DAVIS, M.D.		45. LICENSE NUMBER None		46. DATE OF EXAMINATION 11/27/2018		47. LICENSE NUMBER None			
FUNERAL DIRECTOR/ LOCAL PHYSICIAN	101. PLACE OF DEATH LONGWOOD MANOR CONVALESCENT CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Skilled Care <input type="checkbox"/> Home Health		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> Nursing Home/CD <input type="checkbox"/> Detention Center <input type="checkbox"/> Other		104. DATE OF EXAMINATION 11/27/2018		105. IF FRAUDULENTLY PLACED IN HOSPITAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	106. COUNTY LOS ANGELES		107. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 4853 W WASHINGTON BLVD		108. CITY LOS ANGELES		109. IF FRAUDULENTLY PLACED IN HOSPITAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		110. IF FRAUDULENTLY PLACED IN HOSPITAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	111. CAUSE OF DEATH <small>Enter the chain of events --- causes, direct or indirect --- that directly caused death. DO NOT enter general terms such as cardiac arrest, respiratory arrest, or circulatory failure without stating the cause. DO NOT WRITE "N/A"</small> (A) CARDIAC ARREST		112. SEQUENTIAL, 1st conditions, if any, preceding the cause in Line A. Enter the cause in Line A if there was no CAUSE, disease or injury that created the events resulting in death. (B) PANCREATIC CANCER		113. TIME OF DEATH 10:00 AM		114. IS BODY REPORTEDLY LOCATED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		115. TIME OF EXAMINATION 10:00 AM		
	116. IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		117. SEQUENTIAL, 2nd conditions, if any, preceding the cause in Line A. Enter the cause in Line A if there was no CAUSE, disease or injury that created the events resulting in death. (C) MINS		118. TIME OF EXAMINATION 10:00 AM		119. AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		120. TIME OF EXAMINATION 10:00 AM		
	119. CAUSE OF DEATH <small>Enter the chain of events --- causes, direct or indirect --- that directly caused death. DO NOT enter general terms such as cardiac arrest, respiratory arrest, or circulatory failure without stating the cause. DO NOT WRITE "N/A"</small> (A) CARDIAC ARREST		121. SEQUENTIAL, 3rd conditions, if any, preceding the cause in Line A. Enter the cause in Line A if there was no CAUSE, disease or injury that created the events resulting in death. (D) MDS		122. TIME OF EXAMINATION 10:00 AM		123. AUTOPSY PERFORMED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		124. TIME OF EXAMINATION 10:00 AM		
	125. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		126. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		127. DATE OF EXAMINATION 11/21/2018		128. TYPE OF EXAMINATION None		129. DATE OF EXAMINATION 11/21/2018		
	PHYSICIAN'S CERTIFICATION	130. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED Decedent Attended Since Decedent Last Seen Alive 10/08/2018 10/22/2018		131. SIGNATURE AND TITLE OF CERTIFIER JAMES L MELTZER M.D.		132. LICENSE NUMBER G11398		133. DATE OF EXAMINATION 11/21/2018		134. DATE OF EXAMINATION 11/21/2018	
		135. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Undetermined		136. INJURED AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK		137. INJURY DATE (mm/yyyy) 11/21/2018		138. HOUR (24-hour) 11:00 AM		139. DATE OF EXAMINATION 11/21/2018	
		140. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) None		141. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) None		142. LOCATION OF INJURY (Street and number, or location, and city and zip) None		143. SIGNATURE OF CORONER / DEPUTY CORONER ►		144. DATE OF EXAMINATION 11/21/2018	
145. STATE REGISTRAR A B C D E		146. DATE OF EXAMINATION 11/21/2018		147. FAX AUTH.# 01000100422134*		148. CENSUS TRACT		149. DATE OF EXAMINATION 11/21/2018			

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF LOS ANGELES

This is a true certified copy of the record filed in the County of Los Angeles Department of Public Health if it bears the Registrar's signature in purple ink.



Health Officer and Registrar VR

APR 25 2019**002037131**

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Registrar.



ANY ALTERATION OR ERASURE VALES THIS CERTIFICATE

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